

DEPARTMENT REVIEW SUMMARY

Michigan Department of Community Health

INSTRUCTIONS:

- Complete this form and mail it to the following address within **10 days** of receipt of the review request.
- If you have questions, you may call toll free **1 (877) 833-0870**
- **ADMINISTRATIVE TRIBUNAL and APPEALS DIVISION
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
PO BOX 30195
LANSING MI 48909**

SECTION 1 – Case Information:

Name	Case Number	Docket Number	
Street Address	City	MI	ZIP Code

SECTION 2 – Department Review Summary:

1. Effective Date of Action	2. Date Applicant / Beneficiary was Notified of Department Action	3. Date Review Requested
4. Explanation of Action(s) Taken		
		
5. Facts and Fact Sources Used in Taking This Action(s)		
6. Law(s), Regulation(s) or Policy Manual Item(s) Used in Taking This Action(s)		

SECTION 3 – Signature:

7. Prepared By: (Signature)	8. Date Signed	9. Phone Number
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The Department of Community Health is an equal opportunity employer, services, and programs provider.

DCH-0923(E) (4/00) (W)

AUTHORITY: 42 CFR 431.200 – 431.250
COMPLETION: Is Voluntary